



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

June 20, 2005

MEMORANDUM

To: Area Program/LME Directors

Through: Mike Moseley *mm*

From: Flo Stein, Chief
Community Policy Management

Re: SFY 05-06 NC-TOPPS Implementation Guidelines for Substance Abuse
and Mental Health Consumers

Effective July 1, 2005, completion of a North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS) Initial, Update, and Transfer or Discharge Assessment is required by the Division for identified substance abuse and mental health consumers who have been admitted for treatment with a designated provider and have been enrolled in a target population by an assigned Local Management Entity (LME). NC-TOPPS will now be the chief method for collecting the information necessary for accountability, quality improvement, and local outcomes management for the State's substance abuse and mental health consumers.

Please find attached the NC-TOPPS Implementation Guidelines for Substance Abuse and Mental Health Consumers. These Guidelines contain important details regarding LME and provider responsibilities in the implementation of NC-TOPPS. As you are aware, from October 2004 through May 2005 the Division, through its Quality Management Team and contractors, has provided training on the web-based NC-TOPPS data collection system in every LME to both LME staff and providers. This has been an extremely successful collaborative partnership in the rollout of this initiative, and we thank you for your hard work in coordinating these trainings. In the future, LMEs will be responsible for ensuring that providers are trained and monitored on the implementation of on the web-based NC-TOPPS. The Division, through its Quality Management Team and contractors, will continue to provide ongoing technical assistance, training, and support for the NC-TOPPS Initiative.

All LMEs and their contract providers are expected to be online by July 1, 2005 and will need to assist the NC-TOPPS staff in getting all of the Initials and Updates that were completed on the paper version online as well. It is important that clinicians use only the web-based version during this upcoming state fiscal year.



Your NC-TOPPS coordinator and clinicians should discard any unused Initial Assessment paper forms on July 1, 2005 and the Update Assessment paper forms on October 1, 2005.

Beginning July 1, 2005, we will no longer accept Initial Assessments on the paper version.

Beginning October 1, 2005, we will no longer accept Update Assessments on the paper version.

Thank you all for your assistance in the implementation of this important outcome and quality improvement initiative.

Please do not hesitate to contact Shealy Thompson in the Quality Management Team or Spencer Clark in the Community Policy Management Section regarding any questions or concerns.

MM/sc

Attachment

cc: Secretary Carmen Hooker Odom
Executive Leadership Team
Management Leadership Team
Carol Duncan Clayton
State Facility Directors
MH Commission Chair
Coalition 2001 Chair
SCFAC Chair
Patrice Roesler
Marge Cawley, National Development and Research Institutes, Inc.
Mindy McNeely, North Carolina State University, Center for Urban Affairs and Community Services
LME NC-TOPPS Coordinators and Contacts



NC-TOPPS IMPLEMENTATION GUIDELINES FOR SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS

INTRODUCTION

NC-TOPPS Purpose. Effective July 1, 2005, completion of a North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS) Initial, Update, and Transfer or Discharge Assessment is required by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) for identified substance abuse and mental health consumers who have been admitted for treatment with a designated provider and have been enrolled in a target population by an assigned Local Management Entity (LME). NC-TOPPS is the program by which outcome and program performance measures for substance abuse and mental health consumers are gathered. NC-TOPPS will aid LMEs in their responsibility of monitoring treatment services, assessing quality of treatment services and improving treatment for consumers in each LME's catchment area.

NC-TOPPS will aid providers in their assessment for an episode of treatment for each consumer who is receiving active treatment services. NC-TOPPS will provide outcome and performance data on their consumers. The following Guidelines provide guidance for meeting NC-TOPPS expectations.

NC-TOPPS will aid the State in its evaluation of active treatment services and outcomes for the State and within LMEs. NC-TOPPS data also aids the State in meeting federal performance and outcome measure requirements.

Key Target Date - July 1, 2005. The web-based NC-TOPPS will be fully implemented statewide for 100 % of adult and child substance abuse and mental health consumers six (6) years of age and older who have been admitted for treatment with a designated provider and have been enrolled in a target population by an assigned LME as specified under the attached Guidelines.

From October 2004 through May 2005 the DMH/DD/SAS, through its contractors, has provided training on the web-based NC-TOPPS data collection system in every LME. Even though LMEs are responsible for ensuring providers are trained on the web-based NC-TOPPS, the DMH/DD/SAS, through its contractors, will continue to provide technical assistance and training support as needed.

End of Paper Forms

- Beginning July 1, 2005, paper versions of the NC-TOPPS Initial Assessment will no longer be accepted.
- Beginning October 1, 2005, paper versions of the NC-TOPPS Update Assessments will no longer be accepted.
 - Active substance abuse consumers for whom paper NC-TOPPS Assessments have been completed should not have an Initial started online. Please contact Kathryn Long, Kathryn_Long@ncsu.edu to request getting these consumers online.

NC-TOPPS IMPLEMENTATION GUIDELINES

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NC-TOPPS IMPLEMENTATION GUIDELINES

I. LME RESPONSIBILITIES

LMEs are responsible for ensuring that NC-TOPPS Assessments are fully completed for required substance abuse consumers by substance abuse Qualified Professionals and for mental health consumers by mental health Qualified Professionals. Every LME has been trained on the web-based NC-TOPPS and are responsible for ensuring providers meet NC-TOPPS web submission technical requirements and the providers' Qualified Professionals are adequately trained on completing and submitting NC-TOPPS Assessments. It is also the responsibility of the LMEs to ensure that all providers of publicly funded mental health and substance abuse services in their catchment area meet the NC-TOPPS requirements.

II. PROVIDER RESPONSIBILITIES

The provider who is responsible for developing the consumer's Person Centered Plan is responsible for NC-TOPPS Assessment completion. NC-TOPPS Assessments are used to document a consumer's episode of treatment beginning at the beginning of treatment, during treatment and at the end of treatment. The provider must complete an Initial, Update (3 Month, 6 Month, 12 Month, and every 6 months thereafter (18, 24, 30, 36 months, etc.)) and a Transfer or Discharge, when appropriate, for designated substance abuse and mental health consumers. NC-TOPPS is to be administered with the consumer as the regular part of a consumer's treatment and services. The treatment and services delivery time is reimbursable. A copy of the completed NC-TOPPS Assessments is required in the consumer's record.

Responsibility lies with the provider agency that is considered the consumer's "clinical home." The "clinical home" is the provider agency that is responsible for completing the Person Centered Plan. The Qualified Professional completing the Person Centered Plan is responsible for insuring that NC-TOPPS Assessments are completed.

III. CONFIDENTIALITY OF CONSUMER DATA

Confidentiality of client-identifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. NC-TOPPS falls under the audit or evaluation exception of these laws. Client-identifying information may be disclosed without client consent to the DMH/DD/SAS and to its authorized evaluation contractors under the audit or evaluation exception. The DMH/DD/SAS or its NC-TOPPS evaluation contractors may redisclose any individual consumer-identifying information only to the designated provider facility and to the consumer's assigned LME for which this information has been submitted. NC-TOPPS should be included on the Notice of Privacy to consumers in accordance with HIPAA regulations.

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IV. WEB SUBMISSION TECHNICAL REQUIREMENTS

1. Web access at the desk level for participating clinicians
2. Commitment by clinical and management staff to use the system.
3. Management Information staff cooperation and leadership.
4. Minimum browser capability and encryption: Internet Explorer 5.1 or greater OR Netscape 4.7 or greater.
5. 128 Bit SSC (Encryption) Bandwidth needs to be a DSL or an ISDN line. (can work with dial-up, but will be slower)
6. Each browser must have Cookies and Java Script enabled

In cases where the Qualified Professional provides services/treatment at a location where internet access is not available, for their convenience, Qualified Professionals may use printable versions to gather NC-TOPPS information on site. This information then must be entered into the web-based system by the Qualified Professional or his/her designee under the Qualified Professional's login. On July 1, 2005, printable versions will be available on the NC-TOPPS informational website (<https://nctopps.ncdmh.net/>) under "Printable Versions of Assessments."

Any agency interested in employing NC-TOPPS for non-LME enrolled consumers, please contact Kathryn Long (see NC-TOPPS Contacts, Section XV, page 9).

V. SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS FOR WHOM NC-TOPPS ASSESSMENTS ARE REQUIRED

Substance Abuse and Mental Health Consumer Eligibility

- 100 % of consumers who have
 - Completed the screening and intake process
 - Formally been admitted for treatment
 - A DSM-IV diagnosis or ICD 9 code
 - Received a unique consumer record number through the LME and a record has been opened
 - Been enrolled by a LME and are in a Target Population, (including Medicaid and medication management consumers), except for the following noted exclusions

Substance Abuse and Mental Health Consumer Exclusions

- Consumers receiving services from crisis or after-hour facilities only or detoxification facilities only
- Consumers receiving services from prevention only
- Consumers receiving inpatient psychiatric hospital services only
- Consumers in an IPRS Transitional Non-Covered population only
- Consumers who do not have a DSM-IV diagnosis or ICD 9 code
- Consumers receiving Medicaid Basic Benefits only (8 OP therapy sessions for adults, 26 OP therapy sessions for children)

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Developmental Disabilities (DD) and Early Intervention (EI) Continue to Meet Consumer Outcomes Initiative (COI) Requirements

COIs will continue to be required for all DD and EI consumers that fall into the 20% sample (that is those consumers whose LME consumer identification number ends in either a 3 or 6).

Beginning July 1, 2005, COIs, including a COI Discharge, do not need to be completed for those mental health and substance abuse consumers meeting NC-TOPPS requirements. Consumers receiving Medicaid Basic Benefits only who were in the MH/SA COI sample are no longer included in outcome measures.

VI. CONSUMER ENROLLMENT – NEW AND ACTIVE CONSUMERS

All LMEs are responsible through their treatment providers to enroll all new consumers who fall into target populations. These consumers must have a completed Initial Assessment, followed with appropriate Update Assessments, and a Transfer or Discharge Assessment, when appropriate.

Additionally, all consumers currently in active treatment on June 30, 2005, who are not currently enrolled in NC-TOPPS and who fall into the mental health and/or substance abuse target populations will be incorporated into NC-TOPPS. These consumers will be enrolled with a NC-TOPPS Initial Assessment on the anniversary date of their original admission for their current episode of care. If consumers continue to be active, a 3-Month, 6-Month, 12-Month and 6 month Update thereafter should be done.

A Transfer Assessment must be completed when there is a change in the clinical home provider agency (not the clinician) that is responsible for the consumer's Person Centered Plan.

A Discharge must be completed when a consumer has successfully or unsuccessfully left treatment. A consumer that has not been seen or received treatment or services within 60 days from the last assessment should be terminated from NC-TOPPS. For the item asking reason for discharge, the clinician would check "Consumer did not return as scheduled within 60 days." [For medication management only consumers, clinicians should follow the provider agency clinical practice.]

VII. DIVESTITURE OR CHANGE IN PROVIDER

LMEs divesting services to a contract provider require special NC-TOPPS Assessment activity. When a LME divests itself from providing treatment services to a consumer, LME clinicians must complete a full interview Discharge Assessment on the consumer. The new contract treatment provider is expected to complete a new NC-TOPPS Initial Assessment on all of these consumers.

If a consumer is being transferred from one clinical home provider agency to another, then the current provider's Qualified Professional must complete a Transfer Assessment on the consumer. The new clinical home provider agency must complete a new NC-TOPPS Initial Assessment on this consumer.

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VIII. LME AND PROVIDER IDENTIFYING INFORMATION

The treatment provider will use the **LME code** of the LME with whom they are contracting for each consumer. The treatment provider also should have an assigned **reporting unit** that distinguishes the provider and the type of services they provide from all other providers in the LME catchment area. Reporting units should be determined by the LME with appropriate consultation with the provider to address provider reporting needs. The **Attending Provider Number** is also required. The Attending Provider Number is the number that the LME assigns to each provider that is used for IPRS billing purposes. The LME should supply providers with the appropriate LME code, reporting unit and Attending Provider Number. Providers are responsible for assigning **clinician ID numbers**.

IX. EPISODE OF TREATMENT

Episode of treatment is defined as that period of service(s) that begins with the initiation of services and ends with the termination of services as defined in the Person Center Plan. Information is gathered as part of the clinical assessment, at scheduled times while in treatment and at Discharge from treatment. **Providers are required to complete an Initial Assessment, appropriate Update (3 Month, 6 Month, 12 Month or 6-Month thereafter) and a Transfer or Discharge, when appropriate.**

X. TIMEFRAMES FOR COMPLETING NC-TOPPS ASSESSMENTS

An **Initial Assessment** must be done as part of the consumer's initiation of services. The Initial Assessment should be submitted within 30 days of when the assessment was completed. After October 1, 2005, the Initial Assessment should be done in conjunction with the completion of the Diagnostic Assessment and Person Centered Plan.

An **Update Assessment** must be completed within two weeks prior or two weeks after the 3 Month, 6 Month, 12 Month or Other Update done every 6 months thereafter is due. The Update Assessment should be submitted within 30 days of when the assessment was completed. The determination for the appropriate Update is based on the "Today's Date" of the Initial Assessment which is the day the Assessment was started. For example, if an Initial Assessment is started on 9/3/04, the 3-month Update is expected to be done 12/3/04; the 6-month Update is expected to be completed on 3/03/05, etc.

- **These Update Assessments should be completed with the consumer in an in-person interview.**
 - 3 Month Update – Consumer has completed 90 days following Initial Assessment, plus or minus two weeks, 76 to 104 days.
 - 6 Month Update - Consumer has completed 180 days following Initial Assessment, plus or minus two weeks, 166 to 194 days.
 - 12 Month Update – Consumer has completed 360 days following Initial Assessment, plus or minus two weeks, 346 to 374 days.
 - 6-month Update thereafter (18, 24, 30, etc. months) – Example: For an 18-month Update, consumer has completed 540 days following the Initial Assessment, plus or minus two weeks, 526 to 554 days.

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- Transfer Assessments must be completed when the clinical home provider agency that is responsible for the consumer's Person Centered Plan changes. Consumers who are scheduled to Transfer should be updated just prior to leaving their current treatment provider with an in-person interview.
- Discharge Assessments must be completed when a consumer is being discharged from treatment for any reason. This includes the consumer completing treatment or being discharged at program initiative. The Discharge should be completed as soon as it is determined that the consumer has successfully or unsuccessfully completed the current episode of treatment.

If the provider administratively terminates a consumer, the provider should do a Discharge indicating the consumer is discharged for that episode of treatment. If this person returns, then the provider should complete an Initial Assessment for the new treatment episode.

A consumer that has not been seen or received treatment or services within 60 days from the last assessment should be terminated from NC-TOPPS. For the item asking reason for discharge, the clinician would check "Consumer did not return as scheduled within 60 days." [For medication management only consumers, clinicians should follow the provider agency clinical practice.]

Consumers who are scheduled to discharge should have a Discharge Assessment conducted just prior to leaving their current treatment program in an in-person interview.

XI. CONSUMERS WITH MULTIPLE PROVIDERS

The Qualified Professional from the clinical home provider agency who is responsible for developing, assessing and updating a consumer's Person Centered is responsible for the completion of NC-TOPPS Assessments. This will require communication and coordination among all involved providers.

XII. OVERVIEW OF COMPLETING NC-TOPPS ASSESSMENTS

Preparing for Use of the Web-based NC-TOPPS Assessments

The NC-TOPPS Assessments include a common set of items that are generally collected on mental health and substance abuse consumers in development of the consumer's Person Centered Plan. It is important that the mental health and substance abuse Qualified Professionals are familiar with the web-based Assessment items prior to initial contact with a consumer. Careful preparation will increase the chances of engaging the client and completing Assessments with accurate information. Prior to sitting down with a consumer, a Qualified Professional may walk through the various Assessment items by going to the NC-TOPPS Website and clicking on the Website Submission link and entering "Training" for the ID and "Training" for the password.

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Although the majority of the Initial, Update and Transfer or Discharge Assessments are to be **completed during a face-to-face with a consumer**, there are items that can be gathered from the consumer record. Please be familiar with Assessment items to know which ones are asked of the consumer and the ones which can be gathered from the consumer record or notes. **Having the consumer present for an in-person interview is always preferred.**

Conducting Assessments

Basic suggestions for conducting the NC-TOPPS Assessments are as follows:

- Assessments are to be completed by a substance abuse Qualified Professional for a substance abuse consumer and by a mental health Qualified Professional for a mental health consumer.
- Do not provide opinions, advice, feelings, or suggestions for help during the Assessment. This may influence the consumer's response and he/she may give a response designed to please the clinician or may be concerned about revealing personal information.
- While asking questions, the Qualified Professional must secure complete answers and record responses. The Qualified Professional can use feedback (or reinforcement) to guide the consumer's behavior. Providing neutral or positive comments at appropriate times shows the consumer that he/she is doing a good job. The use of collateral information and utilizing clinical judgment is appropriate to gain more accurate responses. There are a small number of items required by Federal block grants that must be answered before one can move on to the next item.

XIII. PERFORMANCE EXPECTATIONS FOR NC-TOPPS SUBMISSIONS

The LME Performance Contract holds the LMEs responsible for ensuring providers' submission of Initial and Update NC-TOPPS assessments for all required consumers, as defined in Section V above, within the timeframes specified in Section X above. Further details of the LME performance requirements can be found in Attachment III of the Performance Contract on the DMH/DD/SAS website.

The LME-Provider Agreement holds the clinical home provider agency responsible for completing and submitting NC-TOPPS assessments for all required consumers, as defined in Section V above, within the timeframes specified in Section X above. Further details of the provider performance requirements can be found in the LME-Provider Agreement signed by each provider agency and the Operations Manual attached to that agreement.

In determining LME and provider compliance with NC-TOPPS performance requirements, the expected number of assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review.

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XIV. FREQUENTLY ASKED QUESTIONS

For additional information please refer to the NC-TOPPS informational website (<https://nctopps.ncdmh.net>) under “Frequently Asked Questions.”

XV. NC-TOPPS CONTACTS

Main contact

Kathryn Long	Kathryn_Long@ncsu.edu	919-515-1310	NCSU Center for Urban Affairs and Community Services
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Other contacts:

Marge Cawley	Cawley@ndri-nc.org	919-863-4600 x223	National Development and Research Institutes (NDRI)
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